



REQUEST FOR EXCEPTION

Type of ___ Attendant Care Center ___ CPA ___ Detention Center ___ Group Boarding Home ___ Maternity Center
Facility: ___ Residential Center ___ Secure Care Center ___ Secure Residential Treatment Facility

An exception to a Regulation may be allowed by the department if:

- (1) The applicant requests an exception from the department; and
- (2) The exception is determined to be in the best interests of the child(ren) or their families.

Please complete the following and return to **Kansas Department of Health and Environment**, fax or e-mail if request is urgent.

I/we request an exception to K.A.R. # _____. * Exception is needed from _____ until _____.
(Date) (Date)

Current License Capacity _____ and age range _____.

Reason for request: **[Explain how this exception request is in the best interest of the child(ren). If this exception is granted, how will you assure the health, safety and well-being of children in care? Please answer fully. Use separate page if needed]**

*If request is to exceed license capacity in a facility, please include the number, age and gender of all children to be placed. Include a floor plan and designate where the children will be placed. Please indicate if adequate beds are available. If the use of a type of bed other than what has already been approved is planned, please include the description.

If request is to exceed Length of Stay for ___ Emergency [30 day limit] or ___ Temporary/Detention Care [90 day limit]: 1) identify the youth for whom the exception is requested; 2) provide the admission date; 3) give specific reason why the exception is needed; 4) indicate the length of time for which the exception is needed. **Please reference the following regulations when requesting an exception: K.A.R. 28-4-268(f),(g) and (u) and K.A.R. 28-4-269 for Residential Center or Group Boarding Home; K.A.R. 28-4-354(g) for Detention Center; K.A.R. 28-4-335(h) for Secure Residential Treatment Facility.**

Name of Facility _____	License Number _____	Address _____	City _____	Zip _____	County _____
Telephone Number _____	Fax Number _____	E-mail Address _____	Date _____		
Operator _____	Address _____	City _____	Zip _____	County _____	

MUST BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT CHILD CARE FACILITY SURVEYOR FOR RESIDENTIAL FACILITIES

Child Care Facility Surveyor Recommendation: Approve: _____ Disapprove: _____

Reason(s): _____

Signature of CCLR Surveyor _____ Date _____ County _____

KDHE Administrator Response: Approve _____ Disapprove _____
Comments: _____

Signature of KDHE Administrator _____ Date _____